


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90040 035 ****61.25

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|--|--|---|---|---|---|
| DOCUMENT # N97000004746 1. Entity Name LAKE DOWN COVE ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 820 PALMWAY ST. KISSIMMEE, FL 34744 | | | Mailing Address C/O WORLD OF HOMES 820 PALMWAY ST KISSIMMEE, FL 34744 US | | |
| 2. Principal Place of Business <i>c/o World of Homes</i> | | 3. Mailing Address <i>c/o World of Homes</i> | | | |
| Suite, Apt. #, etc. <i>2884 S. Osceola Ave</i> | | Suite, Apt. #, etc. <i>2884 S. Osceola Ave</i> | | | |
| City & State <i>Orlando, FL</i> | | City & State <i>Orlando, FL 32806</i> | | | |
| Zip <i>32806</i> | | Country <i>Orange</i> | | Zip <i>32806</i> | |
| Country <i>Orange</i> | | Country <i>Orange</i> | | | |
| 4. FEI Number 59-3481592 | | | Applied For <input type="checkbox"/> Not Applicable | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | \$8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent DIAZ, VICKI 2884 S. OSCEOLA AVENUE ORLANDO, FL 32806 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE <i>Vicki Diaz</i> <i>2-13-06</i> <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SIMMONS, THOMAS 9509 HEMPEL COVE BLVD WINDERMERE, FL 34786 | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD RAHILL, GLENDA 2540 HEMPEL COVE CT WINDERMERE, FL 34786 | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD KLOSTERMAN, STEPHEN 820 PALMWAY ST KISSIMMEE, FL 34744 | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <i>[Signature]</i> <i>2/3/06</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |